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DATE: July 10, 2008

TO: United States Patent and Trademark Office NUMBER OF PAGES: (Total 15, including this sheet)
Group Art Unit 1617
Examiner Javanmard, Sahar

FAX NO: (571) 273-8300

FROM: Christopher J. Verni, Esq.
Genzyme Corporation
Legal Department
153 Second Avenue
Waltham, MA 02451
(781) 434-3481

RE: In the application of: Christopher B. Wood
Serial No.: 10/529,520
Filed: November 16, 2005
Title: Methods and Compositions for the Treatment of Lupus Using Clofarabine
Attorney Docket No.: 10103-016-999 (5474)

FACSIMILE NO.: (781) 895-4982

The attached document(s) indicated below is being submitted to the United States Patent and Trademark Office in response to the Examiner's non-final Office Action dated April 10, 2008 for the above-referenced patent application.

1. Response to Office Action (11 Pages)
2. Transmittal Form (1 page)
3. Fee Transmittal x 2 (2 pages)

I hereby certify that this correspondence is being filed with the United States Patent and Trademark Office via facsimile to:
Examiner Sahar Javanmard, Group Art Unit 1617 at facsimile number (571) 273-8300 on this 10th day of July, 2008.

By


(Signature of person mailing)

Carol Ann Mahoney

(Typed or printed name of person)

JUL 10 2008

002/015

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

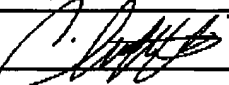
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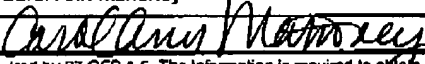
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/529,520
	Filing Date	11/16/2005
	First Named Inventor	Wood
	Art Unit	1617
	Examiner Name	Javanmard
Total Number of Pages in This Submission	Attorney Docket Number	5474

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please credit any overpayment or charge any fee deficiency to Deposit Account 07-1074		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Christopher J. Verni Genzyme Corporation
Signature	
Date	July 10, 2008

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Typed or printed name	Carol Ann Mahoney	Date	July 10, 2008
Signature			

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/529,520
Filing Date	11/16/2005
First Named Inventor	Wood
Examiner Name	Javanmard
Art Unit	1617
Attorney Docket No.	10103-016-999 (5474)

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 07-1074 Deposit Account Name: Genzyme Corporation
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
Total Claims	Extra Claims	Fee (\$)
21	20 or HP = 1	50
HP = highest number of total claims paid for, if greater than 20.		50.00
Indep. Claims	Extra Claims	Fee (\$)
4	3 or HP = 0	0
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		Fee (\$)
		Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

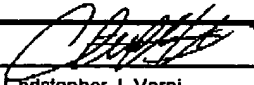
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. 48,322 (Attorney/Agent)	Telephone 781-434-3481
Name (Print/Type)	Christopher J. Verni	Date July 10, 2008	

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/529,520
Filing Date	11/16/2005
First Named Inventor	Wood
Examiner Name	Javanmard
Art Unit	1617
Attorney Docket No.	10103-016-999 (5474)

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 07-1074 Deposit Account Name: Genzyme Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
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Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

210	105
-----	-----

Multiple dependent claims

370	185
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
21	- 20 or HP = 1	x 50 =	50.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 0	x 0 =	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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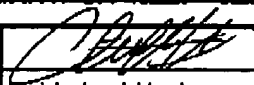
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,322	Telephone	781-434-3481
Name (Print/Type)	Christopher J. Vanni	Date	July 10, 2008		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT
Attorney Docket No. 5474 US

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July 10, 2008

Name: Carol Ann Mahoney.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:)	
)	
Christopher B. Wood)	
)	
Serial No.: 10/529,520)	Group Art Unit: 1617
)	
Filed: November 16, 2005)	Examiner: Javanmard, Sahar
)	
Title: Methods and Compositions for the)	
Treatment of Lupus Using)	
Clofarabine)	

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

This is in response to the Examiner's non-final Office Action dated April 10, 2008 for the above-referenced patent application. Applicant kindly requests entry of the present amendments and consideration of the remarks herein, which are sincerely presented to place the application in condition for allowance.

Please amend the claims in accordance with the Claim Listing, which begins at page 2 of this paper.